

Arts Education Program **2006-2007**
TEACHER REPORT FORM

Teacher Name: _____

School Name: _____

Artist Name: _____

Describe the project. Did you achieve the goals set forth in your application?

What knowledge and skills do you believe you gained? What did you learn that you might use in the classroom and personally?

What went particularly well?

What do you wish had been different, or what would you do differently next time?

Would you apply for the TIP grant again? _____ yes _____ no
If no, why?

How could the Arts Education office better serve your needs?

If applicable, how many hours did you spend in direct time with the artist? _____
How many hours did you spend in review, practice of the art form, etc.? _____

NOTE: If TIP funding was used for materials, workshop or conference fees, travel, etc., you MUST also attach ORIGINAL receipts in order to get reimbursement.

For payment of TIP funding: Return this form to: Utah Arts Council (Kait Kingston)
617 East South Temple
Salt Lake City, UT 84102

Arts Education Program **2006-2007**
ARTIST REPORT FORM

Artist Name: _____

School Name: _____

Teacher Name: _____

Describe the project and your role in assisting the teacher (s).

What knowledge and skills do you believe the teacher (s) gained from the time spent with you?

What went particularly well?

What do you wish had been different, or what would you do differently next time?

Would you participate as the artist in a TIP again? _____ yes _____ no

If no, why?

How could the Arts Education office better serve your needs.

How many hours did you spend in direct contact time with the teacher? _____

How many hours did you spend in preparation, review, etc.? _____

Travel beyond 30 miles one way. _____ miles

Overnight accommodations? _____ nights X \$\$_____ = _____

(Utah can only reimburse for the state rate.